

MENTAL HEALTH UPDATE
March 13, 2009

Pieces Of History In Vermont Mental Health

The “Pieces of History” series in the Mental Health Update describes key events and significant policy milestones in the evolving Mental Health Systems of Care, thus, connecting our past to the present.

1964 Forty-five years ago on April 1, 1964, the newly created Department of Mental Health was activated. The department included the Brandon Training School; supervision and payment of state patient care at the Brattleboro Retreat; the Division of Community Health Services; the Vermont State Hospital; the Vermont Mental Health Planning Project; and the Vermont Mental Retardation Planning Project. In an effort to coordinate all mental health services, Act 195 of the 1963 General Assembly transferred powers and functions across state government that were related to mental health to the new department. VSH Superintendent Rupert A. Chittick, M.D., served as acting commissioner until the appointment of Jonathan P.A. Leopold, M.D. the following year. Dr. Leopold promoted the shift from institutional to community care, a goal of the state hospital’s administration since the 1950’s. From 1965 to 1972, Commissioner Leopold used state and federal funds to advance a statewide system of community developmental and mental health services, a trend that has continued to this day.

National Alliance on Mental Illness

The national office issued its new report on their assessment of the mental health system of each state. The report, **Grading the States, 2009; A Report on America’s Health Care System for Adults with Serious Mental Illness** is available online at www.nami.org/grades2009. Vermont’s ratings appear on pages 146-147. The report ranks Vermont 21st overall with a grade of “C” on a list of 50 states and the District of Columbia. The average grade for all the states was a “D” on a grade scale of A-F.

The grade is composed of four areas of review with sub-categorical areas (# in each);

- Health Promotion and Management (16)
- Financing and Core Treatment/Recovery Services (33)
- Consumer and Family Empowerment (8)

- Community Integration and Social Inclusion (8)

Vermont is noted as one of 23 states who had the same grade as in the 2006 report, while 14 states had improved scores, and 12 states fell in their scores.

Overall achieved a perfect score on 31 of the 65 total items. The strongest area was consumer and family empowerment where we achieved 100% of the measure for 5 of 8 measures. The most challenged was that of Community Integration and Social Inclusion where we scored 100% on only 1 of the 8 measures.

Noted innovations in Vermont included state police academy training on working with persons in a mental health crisis, the use of the Wellness Recovery Action Plan (WRAP) and strong culture of peer services, veteran's services, and increased number of crisis beds.

Urgent needs are listed as leadership for comprehensive replacement solution to VSH, improvement of hospitals quality of care; need to make gains in housing and veteran's services, and addressing the shortages in the mental health workforce.

NAMI offers several policy recommendations based on this report including increased funding for mental health care services, improved data collection and accountability, integrated mental and physical care, promotion of recovery and respect, and incentives to increase the qualified work force.

ADULT MENTAL HEALTH

New Policy Director Hired

William "Nick" Nichols has been hired to fill the vacant DMH Policy Director position at the Department of Mental Health. Nick has been the Human Resource Development Chief for DMH since May, 1998. During Nick's time with the Department, he has been very involved in workforce development and training coordination, as well as securing multiple federal grants on behalf of DMH and the community service provider system. Nick has been instrumental in bringing in technical assistance for implementing promising and evidence-based practices and as the Department's liaison with peer organizations and peer-supported initiatives. Nick's new role will include more involvement in mental health policy and program development initiatives and the many opportunities/challenges Vermont's mental health system faces in upcoming years. Nick will begin his new position on 3/16/09. Please join us in congratulating Nick on his new work responsibilities at DMH.

State Program Standing Committee for Adult Mental Health Is Recruiting Members

The Standing Committee for Adult Mental Health is currently recruiting three people to fill vacancies for a consumer, a family member, and a provider. The committee advises the Commissioner and Department of Mental Health (DMH) on hiring of key management, evaluation of quality in the public system, departmental policy, grievances

and appeals, and other mental-health issues that may arise. Members participate in the designation process through representation on site visit teams along with DMH central office staff to the state's ten designated agencies (agencies are designated every four years). Standing Committee members are also on Vermont's Mental Health Block Grant Planning Council, which makes recommendations about the expenditure of the state's share of federal mental health block grant funding.

The Standing Committee meets once a month, usually on the second Monday, in Stanley Hall, in the State Office Complex in Waterbury. Meeting time is 1:00-4:30 in the afternoon.

Anyone interested in joining the State Program Standing Committee for Adult Mental Health should contact Melinda Murtaugh at the Department of Mental Health, 108 Cherry Street, P.O. Box 70, Burlington, Vermont 05402-0070. Telephone: (802) 652-2000. E-mail: Melinda.Murtaugh@ahs.state.vt.us.

A Promising New Funding Source for CRT Employment Programs: The Ticket to Work (TTW)

In the summer of 2008 the Social Security Administration published new rules for the Ticket to Work program. These new rules present a real opportunity for Community Rehabilitation and Treatment (CRT) Supported Employment programs to generate additional revenue. Payment under the Ticket program is based on consumer employment and earnings. The first payment can be generated when a consumer earns only \$350 per month. Subsequent payments are generated for earnings levels at \$700 and \$980 per month. In short, agencies that help consumers achieve the highest earnings will generate the most income.

Individuals receiving services from CRT programs will benefit from the Ticket program as well. Despite what many people think, in most cases SSI and SSDI beneficiaries are financially better off if they work. The Ticket to Work, Work Incentives Improvement Act of 1999 greatly improved the work incentives built into the SSI and SSDI programs. (For more information on available work incentives contact a benefits counselor with the Division of Vocational Rehabilitation.)

The Division of Vocational Rehabilitation (DVR) and the Designated Agencies (DA) formed a Ticket to Work Consortium to manage the program in Vermont. This partnership also facilitates administrative efficiencies. The Ticket program is administratively complex, and therefore only one organization manages the operational details. DVR and the Designated Agencies split all payments for joint consumers 50/50. This revenue is expected to be reinvested into the Supported Employment program in ways that directly benefit consumers.

Already the program has yielded additional revenue at the Designated Agencies (the majority of this goes directly to the CRT programs). Given the new rules only went into effect recently we expect this revenue to grow in the coming years.

State Fiscal Year	DA Agencies Ticket Revenue¹
2009	\$23,856 (actual)
2010	\$51,891 (projected)
2011	\$82,296 (projected)
2012	\$145,827 (projected)
2013	\$250,111 (projected)

For more information on Ticket to Work please see (www.ssa.gov) or contact Laura Flint at the Department of Mental Health, Laura.Flint@ahs.state.vt.us or Jerry Wood at the Division of Vocational Rehabilitation, Jerry.Wood@ahs.state.vt.us

Public Hearing Scheduled for Lamoille County Facility Renovations

The Department of Mental Health has received and ruled complete a Certificate of Approval, (COA) from Lamoille County Mental Health (LCMH), indicating their intent to renovate the property acquired on Harrell Street in Morrisville (the former Genesis Nursing Home). The proposal to renovate the multi-wing building, which will consolidate the agency's mental health services, developmental services and administrative programs, will be the subject of an upcoming public hearing and public comment period. **The hearing is scheduled for March 27 from 9:00 to 10:30 in the Secretary's Conference Room, 5 North, in Waterbury.** The applicant, Lamoille County Mental Health, will offer a 20 minute overview of the proposed project. A small review panel has been convened to attend the hearing and make recommendations to the Commissioner of Mental Health, Michael Hartman, who will decide whether or not to grant a Certificate of Approval after considering the recommendations of the review panel and the general public.

The public is also welcome to submit comments about the proposal. Written comments should be submitted no later than March 31, 2009 and should be directed to Frank Reed, Director of Operations, Vermont Department of Mental Health, 108 Cherry Street, Burlington, VT 05402, or electronically to frank.reed@ahs.state.vt.us

HCRS Certificate of Approval (COA) Ruled Complete

The Department of Mental Health has ruled complete a COA from Health Care and Rehabilitation Services of Southern Vermont for facility renovations on a property owned by Brattleboro Retreat. The application follows a partnership proposal between HCRS and Brattleboro Retreat to develop a six-bed, staff secure residential recovery program in that area. The COA application and related attachments and tables is posted on the DMH website. A public hearing will be scheduled to provide an overview of the project and opportunity for public comment. The public is also welcome to submit comments about the proposal. Written comments should be submitted no later than March 31, 2009 and should be directed to Frank Reed, Director of Operations, Vermont Department of Mental Health, 108 Cherry Street, Burlington, VT 05402, or electronically to frank.reed@ahs.state.vt.us

¹ This includes revenue to all DA Employment Programs including JOBS, DS and CRT. However, the CRT programs have to date generated about 80% of Ticket revenue. These projected amounts are based on a 2006 study conducted by DVR using historical earnings data

CHILDREN'S MENTAL HEALTH

2009 Recommendations from Act 264 Advisory Board

The Act 264 Advisory Board has issued its 2009 priority recommendations for the interagency system of care for children and adolescents. Members of the Governor-appointed Board had listened to input over several years that children and adolescents with a developmental disability had many unmet needs and that the state did not have a comprehensive and adequately resourced system capable of meeting those needs. The Board decided to spend 2008 educating itself about the needs of the children and their families, learning the strengths of the current system, identifying unmet needs, and formulating a set of recommendations that could, over time, improve the situation for families and the provider systems. The Board's detailed 14-page report as well as a 3-page executive summary may be found at <http://healthvermont.gov/mh/boards/cafu/act-264-advisory.aspx>.

Psychotropic Medications Workgroup

The Psychotropic Medications Workgroup for children and adolescents held its third meeting on March 9 in Waterbury. The meeting began with a review by Ken Libertoff, Executive Director of the Vermont Association for Mental Health, of the status of S.48 in the Vermont legislature. This bill is intended to increase transparency around funding provided through any means by pharmaceutical companies to prescribers. John Pandiani, Chief of Research and Statistics for DMH, then presented data that followed-up on questions from the two previous meetings. The primary focus of the meeting was a discussion on how the group wished to focus its energy and resources to create positive change. The discussion was led by Charlie Biss, Director of the Child, Adolescent and Family Unit, and by Bill McMains, Medical Director of the Department of Mental Health. Several possibilities had emerged from the two previous meetings and several new possibilities were explored. The goal of the fourth meeting will be to settle on a few strategies; that meeting is scheduled for May 4, 12:00 – 1:00, Skylight conference room in Waterbury.

FUTURES PROJECT

Meadowview Stakeholders' Advisory Group Meeting

At the monthly Stakeholders' Advisory Group meeting for the Meadowview Recovery Residence program the Advisory Group reviewed the application for the Certificate of Approval for the Meadowview project. The Emergency Response Planning Subcommittee reported on the February 26th meeting with Mary Moulton, Director of Intensive Care Services at Washington County Mental Health Services and Roy Riddle, Director of Second Spring. Suggestions that were presented at the meeting included an emphasis on staff training, providing new staff members access to more experienced staff on each shift, and continuing to build relationships with first responders in the community. Results from the survey of program models completed by the Peer Recovery Center in Springfield were presented. Many insightful and creative ideas came out of the survey and will be considered as part of the development of Meadowview. The next

meeting of the Stakeholders' Advisory Group will take place on April 20th from 9:00 to 10:30 AM at the HCRS office on 51 Fairview Street in Brattleboro.

For further information, please contact George Karabakakis, COO, @ HCRS (802) 886-4567; Extension 2135.

VERMONT STATE HOSPITAL

Pro-ACT at VSH

Training in Pro-ACT (Professional Assault Crisis Training), the new program selected to provide violence/aggression management training at Vermont State Hospital is beginning.

Pro-ACT is designed to provide professionals with the opportunity to develop necessary understanding and skills to avoid or reduce the need to use restraint. Pro-ACT principles focus on maintaining the safety and dignity of the client while keeping everyone safe. The ultimate goal is to help clients learn alternative methods for meeting their needs and developing self-control.

The Pro-ACT philosophy is designed to:

- Respect client rights and the need for a non-coercive environment
- Minimize the risks associated with emergency response to assaultive behavior
- Emphasize the role of supervision of employee behavior
- Encourage strongly-worded and strictly-enforced policies
- Promote regular in-service training
- Support continuous upgrading of skills and knowledge
- Be free of gender bias
- Emphasize team skills
- Provide experience in problem-solving

Pro-ACT is based on principles rather than techniques. While specific techniques can be reassuring in the training environment, often these may not be remembered or applied correctly in a crisis. Because no two violent emergencies are exactly alike, it is not possible to provide a single technique to be followed. Pro-ACT provides a framework of principles to stimulate critical thinking and to set parameters within which to exercise professional judgment.

VERMONT STATE HOSPITAL CENSUS

The Vermont State Hospital Census was 48 as of midnight Tuesday. The average census for the past 45 days was 46.5.